



PATIENT HEALTH HISTORY

Name: _____ Date: _____
Height: _____ Weight: _____ Age: _____

• What are you seeing the Doctor or Clinician for today ? _____
• Please list all medications you are currently taking, include the dosage and how often taken. Please include over-the-counter medications, homeopathic/nutritional supplements or multi vitamins. Especially important are Vitamin E, aspirin, ibuprofen, Motrin, St. John's Wort or any DIET PILLS.
[] NO MEDICATIONS TAKEN

• Are you ALLERGIC or SENSITIVE to any medications ? YES [] NO [] If yes, please list the medication and the reaction.

- Have you ever had any reaction to kiwi, avocados, mangos, bananas LATEX or RUBBER ? YES [] NO []
• Have you or any relative ever had a bad or unusual reaction to any type of anesthesia ? YES [] NO []
• Do you or any blood relatives have bleeding problems or bleeding tendencies or blood clots ? YES [] NO []
• Have you or are you currently receiving any psychiatric care ? YES [] NO []
• Do you form scars after surgery or suturing that are wide and or thick ? YES [] NO []
• Are you a heavy snorer or have a history of sleep apnea ? Do you use a C-PAP machine? YES [] NO []
• Have you ever had a stroke or seizure ? YES [] NO []
• Have you or anyone in your family been diagnosed with cancer? If yes, type YES [] NO []
• Have you seen another plastic surgeon about the SAME issue that brings you to this office? YES [] NO []
• If you are being seen as the result of an injury or accident? Date of injury YES [] NO []

Comments _____

• Have you ever had problems with and / or seen a doctor regarding any of the following (circle if yes)

EYES NOSE HEART REPRODUCTIVE DIABETES HEPATITIS OTHER
EARS LUNGS ABDOMEN BREASTS BRAIN SKIN BLOOD PRESSURE HIV

Please explain: _____

• PLEASE LIST ALL PREVIOUS SURGERY (any cosmetic surgery also):

Operation Year Hospital

• Do you smoke ? YES [] NO [] If yes, how much and how long ? _____

Physician notes:

Patient Signature: _____ Relationship (if minor): _____

[] Patient is a candidate for surgery at CPS [] With further testing (labs, EKG, medical clearance) [] Patient is NOT a candidate for surgery at the CPS Facility